

**ARKANSAS DIRECT DEPOSIT SYSTEM
GENERAL EXPENSE DIRECT DEPOSIT AUTHORIZATION FORM**

AGENCY CODE: 710

AGENCY TITLE: FINANCIAL SUPPORT

DATE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

CHECK WHERE APPLICABLE:

- ☐ **NEW ENROLLMENT.** COMPLETE ENTIRE FORM AND SIGN
- ☐ **CHANGE OF PRESENT FINANCIAL INSTITUTION AND/OR ACCOUNT.** COMPLETE ENTIRE FORM AND SIGN
- ☐ **CANCEL PARTICIPATION.** SIGN FORM.

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the financial institution indicated below to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries necessary to correct the incorrect credit entries.

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Select One: Checking Account ☐ Savings Account ☐

This authority is to remain in full effect until ADDS has received written notification from me of its termination. I understand that by having my payment deposited in this manner, a direct deposit advice notification will be available and that there will be no charge.

SOCIAL SECURITY: _____ FEDERAL ID: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____ SIGNATURE: _____

ATTACH VOIDED CHECK

AGENCY USE ONLY

BANK ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE
